

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045909

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11566

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR  
TOWN St. Louis1 Dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Lukes hospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Mo.c. CITY  
OR  
TOWNSt. LouisInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

245 No. UnionReside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

(Type or print)

GeorgeBarclayPowell4. DATE  
OF  
DEATH

Month

Day

Year

November281963

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-7-1880

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Vice President

## 10b. KIND OF BUSINESS OR INDUSTRY

American Locomotive Omeiga, New York

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Elisha B. Powell

## 13b. MOTHER'S MAIDEN NAME

Adelaide Wright

## 14. NAME OF HUSBAND OR WIFE

Late Hazel D. Powell15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)No

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

John S. Powell Peoria, Illinois18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute posterior myocardial infarctionINTERVAL BETWEEN  
ONSET AND DEATH24 hours

## DUE TO (b)

Arterio-sclerotic Heart Disease1 year

## DUE TO (c)

420.0Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 12-7-62 to 11-21-63 and last saw him alive on 11-21-63  
Death occurred at 6:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

removal 11-25-1963Valhalla CrematorySt. Louis Co. Missouri

## 24. FUNERAL DIRECTOR

MITTELBERG GERBER

## 25. DATE REC'D. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

COLONIAL CHAPELNOV 22 1963Boad Smith, M.D.

WEBSTER, GROVES-19, 245 (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

04-110-000

3578 4990 013.00

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.